



City of Roanoke, Virginia
An Equal Opportunity Employer

Please print in ink (preferably black) or use typewriter

Number of Attachments: _____

Application for Employment

Employees of the City of Roanoke and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, political affiliation, national origin, disability, sex, sexual orientation or age.

Position applied for _____ Department _____
(One per Application)

Position Number

(Application will
not be processed
without number)

PERSONAL DATA

1. Legal Name
Last _____ First _____ Middle _____
2. Address _____
Number and Street
City _____ State _____ Zip Code _____
3. Social Security Number _____
4. Home Phone (____) _____
5. Business Phone (____) _____
6. Are you 18 years of age or older? Yes ☐ No ☐
7. Applicants for Deputy Sheriff, Firefighter or Police Officer must be at least 21 years of age.

EDUCATION

8. A. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
- B. Have you completed high school or high school equivalent program? Yes ☐ No ☐
If yes, specify: Name of School: _____
- C. Circle number of years of post high school education: 1 2 3 4 5 6 7

Name and Location of Institution (Post High School)	Hrs. Completed	Degree Received	Major or Specialty	Minor	Dates Attended

Return to: **Department of Human Resources**
215 Church Ave., S.W., Room 207 North
Roanoke, VA 24011-1519

Apply online: www.roanokeva.gov

EXPERIENCE

9. Use supplemental experience form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable volunteer experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

<p>a. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Type of Business _____</p> <p>Immediate Supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____</p> <p>(finish) _____</p> <p>Dates: from (mo/yr) _____</p> <p>to (mo/yr) _____</p> <p>Full-time _____ Part-time _____</p> <p>Hours/Week _____</p>	<p>Duties _____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>_____</p> <p>Equipment used _____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>Your name, if different from present _____</p> <p>_____</p>
<p>b. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Type of Business _____</p> <p>Immediate Supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____</p> <p>(finish) _____</p> <p>Dates: from (mo/yr) _____</p> <p>to (mo/yr) _____</p> <p>Full-time _____ Part-time _____</p> <p>Hours/Week _____</p>	<p>Duties _____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>_____</p> <p>Equipment used _____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>Your name, if different from present _____</p> <p>_____</p>
<p>c. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Type of Business _____</p> <p>Immediate Supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____</p> <p>(finish) _____</p> <p>Dates: from (mo/yr) _____</p> <p>to (mo/yr) _____</p> <p>Full-time _____ Part-time _____</p> <p>Hours/Week _____</p>	<p>Duties _____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>_____</p> <p>Equipment used _____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>Your name, if different from present _____</p> <p>_____</p>

EXPERIENCE: (Continued)

d. **Job Title** _____ **Duties** _____

Employer _____

Address _____

Phone _____
Type of Business _____

Immediate Supervisor _____
Title _____

Salary (start) _____
(finish) _____
Dates: from (mo/yr) _____
to (mo/yr) _____
Full-time _____ **Part-time** _____
Hours/Week _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name, if different from present _____

Have you ever been dismissed or forced to resign? Yes ____ No ____ If so, please explain: _____

- e. Use this space for additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

- f. Automated word processing (specify equipment): _____

Typing speed: _____ wpm Shorthand speed: _____ wpm Dictaphone: Yes ____ No ____

- g. License (to include driver's and commercial driver's license, if applicable), certificate or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (Licensing Board)

If you have a valid commercial driver's license issued by the Commonwealth of Virginia, what class is it?

A ____ B ____ C ____ Endorsements ____

REFERENCES

10. List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

MISCELLANEOUS

11. Check appropriate box(es):

- a. Which shift will you accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends

Specify shift hours: _____

- b. Which job status would you accept: ☐ Full-time ☐ Part-time (specify) _____

- c. Which employment status would you accept: ☐ Regular (benefits) ☐ Temporary (no benefits)

- d. Have you ever worked for the City of Roanoke before? ☐ Yes ☐ No

If yes, where: _____

Do you currently have relatives employed by the City? ☐ Yes ☐ No

If yes, who: _____

- e. For the purposes of compliance with the *Immigration Reform and Control Act*, are you legally eligible for employment in the United States? ☐ Yes ☐ No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

- f. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No

- g. Do you believe you qualify for a veteran's preference? ☐ Yes ☐ No

If so, complete the following:

Branch: _____ Date(s) of enlistment: _____

Rank on date of separation: _____ Date and type of discharge: _____

12. When will you be available to start work? (No date necessary if you are available as soon as you give two (2) weeks notice.) _____ Month _____ Day _____ Year

All positions are subject to a criminal background check for any convictions that relate to the job duties and responsibilities.

CERTIFICATION — Each application requires current date and original signature.

13. I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my employment with the City of Roanoke. I further authorize the City of Roanoke to obtain my criminal history record and check my driving record now and during the course of my employment as the City may deem necessary.

I understand that the City may be required to provide information concerning my application for employment and my employment history to Federal and State agencies for use in any employment-related investigations or inquiries.

Signature _____ Date _____